

Application Information

Application number:: Unassigned
Filing Date:: June 22, 2001
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R???:
Number of CD disks::
Number of copies of CDs::
Sequence Submission:: 3 Pages
Computer Readable Form (CRF)??: Yes
Number of copies of CRF::
Title:: RESPIRATORY SYNCYTIAL VIRUS VACCINES
EXPRESSING PROTECTIVE ANTIGENS FROM
PROMOTER-PROXIMAL GENES
015280-424100US
Attorney Docket Number::
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 19
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Patent Appl.?:: No

Inventor Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Christine
Middle Name:: D.
Family Name:: Kreml
Name Suffix::
City of Residence:: Rockville
State or Prov. Of Residence:: MD
Street:: 12512 Village Square Terrace, Apt. 102
City:: Rockville
State or Province:: MD
Postal or Zip Code:: 20852

INVESTOR INFORMATION
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name:: L.
Family Name:: Collins
Name Suffix::
City of Residence:: Rockville
State or Prov. Of Residence:: MD
Street:: 12304 Village Square, Apt. 401
City:: Rockville
State or Province:: MD
Postal or Zip Code:: 20852

INVESTOR INFORMATION
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: R.
Family Name:: Murphy
Name Suffix::
City of Residence:: Bethesda
State or Prov. Of Residence:: MD
Street:: 5410 Tuscawaras Road
City:: Bethesda
State or Province:: MD
Postal or Zip Code:: 20816

INVESTOR INFORMATION
Inventor Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Ursula
Middle Name::
Family Name:: Buchholz
Name Suffix::
City of Residence:: Insel Riems
Country of Residence:: Germany
Street:: Boddenblick 10,
City:: Insel Riems
Country:: Germany
Postal or Zip Code:: D-17498

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: S.
Family Name:: Whitehead
Name Suffix::
City of Residence:: Gaithersburg
State or Prov. Of Residence:: MD
Street:: 7 Prairie Rose Lane
City:: Gaithersburg
State or Province:: MD
Postal or Zip Code:: 20878

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
60/213,708 Continuation-In-Part

Foreign Priority Information

Country:: Application number:: Filing Date::